t DI ACE ON BIDTH	NA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS TANDARD CERTIFICATE OF-BIRTH State File No. 2 10 Registered No. 2 10
J. D. J.	State Crisana
County	Canyon or Villago
District of Township	Vor Village
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Dilatur	Lewes If child is not yet named, make supplemental report, as directed.
	in, triplet or other 6. Kegitimate?
In event of plural	, in order of birth
8. Full name Lives Bo Jak	Full maiden name Serty de Kurjkendall
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	Tigona If non-resident, give place and state. Ungona.
10. Color or race 11. Age at last birthday.	23 (Years) White 17. Age at last birthday 16 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Rucker Canyon (State or country)
13. Occupation Laborer Nature of industry	19. Occupation Nature of industry House Very
20. Number of children of this mother	(a) Born alive and now living 21. Were precautions taken against oph- thalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead O (c) Stillborn ()
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE A	
I hereby certify that I attended the birth of this child, who was barn dive at 2. 30 m. on the date above stated	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Dhysician or midwife).
Given name added from	Address Slot are (Frysician or initiwite).
Month, day, year	Filed 12810 1928 G. E. W. L. line 350
Registrar	Registrar
2016 ma 1/11 m 123	

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